Please type a	plus sign (+) inside this box	 +	١
· .cost type u	Pos sign (A MISIOG RES DOX	•	

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Application Number		
Filing Date		
First Named Inventor	ROBERT KORNACKI	
Group Art Unit		
Examiner Name		
Attorney Docket Number	758-001	

Practitioners at Customer Number OR Name Registration Number CLIFFORD G. FRAYNE as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR				
Name CLIFFORD G. FRAYNE 27,637 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR				
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR				
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR				
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR				
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR				
The above-mentioned Customer Number. OR				
X Firm or				
Individual Name				
Address 136 Drum Point Road				
Address Suite 7A				
City Brick State NJ Zip 08723				
Country US				
Telephone 732-262-2075 Fax 732-262-2081				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) Is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name ROBERT KORNACKI				
Signature 1 1 1 1 1 2				
Signature RF W RC2 Date 7-1/4-55				

758-001

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

DECLARATION FOR UTILITY OR DESIGN	First Named Inv	ventor	ROBERT KO	RNACKI	
PATENT APPLICATION	co	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Num	nber	/		
TO T	Filing Date				
Submitted OR Submitted after Initial	Group Art Unit				
with Initial Filing (surcharge Filing (37 CFR 1.16 (e))		 			
required)	Examiner Name	`			
As a below named inventor, I hereby declare that:					
My residence, mailing address, and citizenship are as stated	l below next to my name	e.			
I believe I am the original, first and sole inventor (if only one names are listed below) of the subject matter which is claime					
BLANKET ANCHOR					
				ĺ	
Till of the	towastiant				
(Title of the Invention) the specification of which					
X is attached borate					
13 Billactico Hereto					
OR					
was filed on (MM/DD/YYYY)	as United Stat	ites Application	Number or PCT I	nternational	
				_	
Application Number and was ame	ended on (MM/DD/YYY	7)		(if applicable).	
		\			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a or plant breeder's rights certificate(s), or 365(a) of any PCT than the United States of America, listed below and have a patent, inventor's or plant breeder's rights certificate(s), or an application on which priority is claimed.	a)-(d) or (f), or 365(b) of international applicationals identified below, b	on which desi by checking (h	gnated at least on e box, anv foreign	e country other application for	
	oreign Filing Date	Priority Not Claimed	Certified Cop	py Attached?	
	1				
1	1		1 1	111	
		H			

DECLARATION — Utility or Design Patent Application

			-		
Direct all correspondence to: Customer No or Bar Code				OR X Co	orrespondence address below
Name CLIFFORD G. FRAYNE					
Address 136 Drum Point Road, Su	ite	. 7A	·		,
cky Brick			Stat	te NJ	_{ZIP} 08723
Country US	Tele	phone 732-2	62-	2075	Fax732-262-2081
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:	NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) ROBERT Family Name or Sumame KORNACKI				ЖI	
Inventor's Signature	_	2			Date 7-16-03
Residence: City NEPTUNE CITY		State NJ		Country US	Citizenship US
Malling Address 51 Steiner Avenue					
CHy Neptune City		State NJ		zip 07753	Country US
NAME OF SECOND INVENTOR:	<u> </u>	A petition has	bee	n filed for this unsig	ned inventor
Given Name (first and middle [if any])				ly Name Imame	
Inventor's Signature					Date
			T		
Residence: City		State	_ c	Country	Citizenship
Malling Address					
Chy	\prod_{i}	State	Z	(IP	Country
Additional inventors are being named on the					